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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instruc- tions

C
NATIONAL FAMILY JUSTICE CENTER ALLIANCE
707 BROADWAY ST #700
SAN DIEGO, CA 92101

D Employer identification number
11-3692035

E Telephone number
619-236-9551

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method [ ] Cash [X] Accrual Other (specify) ►

I **Website:** ► WWW.FAMILYJUSTICECENTER.ORG

J Organization type (check only one) — [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 971,435.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	767,020.
	2	Program service revenue including government fees and contracts	2	194,900.
	3	Membership dues and assessments	3	
	4	Investment income	4	9,515.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► [ ]		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	971,435.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	403,525.
	13	Professional fees and other payments to independent contractors	13	24,662.
	14	Occupancy, rent, utilities, and maintenance	14	25,163.
	15	Printing, publications, postage, and shipping	15	11,126.
	16	Other expenses (describe ► SEE STATEMENT 2)	16	464,441.
	17	**Total expenses** (add lines 10 through 16) ►	17	928,917.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,518.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,264,758.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-2,252,681.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	54,595.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	2,242,660.	22	535,633.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 4)	453,748.	24	27,455.
25	**Total assets**	2,696,408.	25	563,088.
26	**Total liabilities** (describe ► SEE STATEMENT 5)	431,650.	26	508,493.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	2,264,758.	27	54,595.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form **990-EZ** (2008)

TEEA0803L 09/18/08

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Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a** 139,713.

29 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a** 303,301.

30 SEE STATEMENT 9

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a** 309,472.

31 Other program services (attach schedule) SEE STATEMENT 10

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a** 56,465.

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32** 808,951.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CASEY GWINN 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	PRESIDENT & CFO 60.00	98,452.	0.	0.
GAEL STRACK 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	CEO 60.00	155,142.	0.	0.
MICHAEL SCOGIN 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	TREASURER 4.00	0.	0.	0.
BOB MARTIN 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	VICE PRESIDENT 4.00	0.	0.	0.
KIMBERLY WEISZ 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	SECRETARY 4.00	0.	0.	0.
JEARL O'NEAL 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	TRUSTEE 4.00	0.	0.	0.
AIMEE FAUCETT 707 BROADWAY, STE 700 SAN DIEGO, CA 92101	TRUSTEE 4.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990 T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► CA			

42a The books are in care of ► LORI GILLAM Telephone no ► 619-236-9551

Located at ► 707 BROADWAY ST, STE 700 SAN DIEGO CA ZIP + 4 ► 92101

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 811

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 6/5/10

► CASEY GWINN — PRESIDENT & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► — Date 6/4/10 — Check if self-employed ► X — Preparer's Identifying Number (See instructions) P00656689

Firm's name (or yours if self-employed), address, and ZIP + 4 ► LORI GILLAM CPA, 3615 RAY ST, SAN DIEGO, CA 92104-4205 — EIN ► — Phone no ► (619) 339-7749

May the IRS discuss this return with the preparer shown above? See instructions ► X Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NATIONAL FAMILY JUSTICE CENTER ALLIANCE

Employer identification number
11-3692035

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	a family member of a person described in (i) above?		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	2,548,441.	1,790,934.	1,211,814.	1,254,079.	767,020.	7,572,288.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1-3	2,548,441.	1,790,934.	1,211,814.	1,254,079.	767,020.	7,572,288.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						7,572,288.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,548,441.	1,790,934.	1,211,814.	1,254,079.	767,020.	7,572,288.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	15,574.	31,679.	45,901.	51,790.	9,515.	154,459.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV	78,110.	88,724.	92,189.	88,636.		347,659.
11 **Total support.** Add lines 7 through 10						8,074,406.

12 Gross receipts from related activities, etc (see instructions)	12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	93.8 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	0.0 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include unusual grants)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
► Attach certified copies of any articles of dissolution, resolutions, or plans.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NATIONAL FAMILY JUSTICE CENTER ALLIANCE

Employer identification number
11-3692035

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization			
a Become a director or trustee of a successor or transferee organization?	2a		
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c Become a direct or indirect owner of a successor or transferee organization?	2c		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		

e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III	3	
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	4a	
b	(If 'Yes', provide the date of the letter ► _____)		
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	5a	
b	If 'Yes', did the organization provide such notice?	5b	
6	Did the organization discharge or pay all liabilities in accordance with state laws?	6	
7a	Did the organization have any tax-exempt bonds outstanding during the year?	7a	
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	7b	
c	If 'Yes,' describe in Part III how the organization defeased or otherwise settled these liabilities If 'No,' explain in Part III.		

Part II Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity
CASH	1/18/08	1,470,754.	ACTUAL COST	06-1695497	CAMP HOPE 707 BROADWAY, STE 600 SAN DIEGO, CA 92101	501 (C) (3)
CONSTRUCTION IN PROGRESS	1/01/08	167,766.	ACTUAL COSTS	06-1695497	CAMP HOPE 707 BRAODWAY, SUITE 600 SAN DIEGO, CA 92101	501 (C) (3)

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a	X
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	X
c	Become a direct or indirect owner of a successor or transferee organization?	2c	X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	X
e	If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III		

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
SPECIAL EVENTS		88,636.	92,189.	88,724.	78,110.
TOTAL	$ 0.	$ 88,636.	$ 92,189.	$ 88,724.	$ 78,110.

EXPLANATION OF AMENDED RETURN

PRIOR CPA DID NOT PREPARE RETURNS IN ACCORDANCE WITH NEW GUIDELINES

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$ 1,141.
COMMUNICATIONS	6,388.
CONFERENCE COSTS	115,827.
DEPRECIATION	3,846.
DUES & SUBSCRIPTIONS	503.
INFORMATION TECHNOLOGY	13,752.
INSURANCE	2,930.
MERCHANT FEES	2,589.
MISCELLANEOUS	450.
OFFICE EXPENSES	11,077.
OUTSIDE CONSULTING SERVICES	136,447.
PARKING	379.
TRAVEL	169,112.
TOTAL	$ 464,441.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENTS	$ -614,161.
TRANSFER TO CAMP HOPE 501(C)(3)	-1,638,520.
TOTAL	$ -2,252,681.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	$ 0.	$ 7,473.
DEPOSITS	440,445.	5,353.
MACHINERY AND EQUIPMENT	13,303.	9,457.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	5,172.
TOTAL	$ 453,748.	$ 27,455.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 431,650.	$ 23,873.
DEFERRED REVENUE	0.	484,620.
TOTAL	$ 431,650.	$ 508,493.

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CREATE A NETWORK OF NATIONAL AND INTERNATIONAL FAMILY JUSTICE CENTERS WITH CLOSE WORKING RELATIONSHIPS, SHARED TRAINING AND TECHNICAL ASSISTANCE, COLLABORATIVE LEARNING PROCESSES, AND COORDINATED FUNDING ASSISTANCE WITH ORGANIZATIONS AND INDIVIDUALS FOCUSED ON PROVIDING WRAPAROUND, CO=LOCATED SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND HOMLESSNESS.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE NEW ORLEANS FJC TA TEAM PROJECT PROVIDED OVERSIGHT, COORDINATION, AND TECHNICAL ASSISTANCE TO THE PLANNING AND IMPLEMENTATION PROCESSES FOR DEVELOPMENT OF A FAMILY JUSTICE CENTER IN NEW ORLEANS TO AID VICTIMS OF DOMESTIC VIOLENCE. THE PROJECT CONDUCTED 1 PROMISING PRACTICES CONFERENCE, 12 AUDIO CONFERENCES, 11 WEBCASTS, 6 STRATEGIC PLANNING SESSIONS. TRAINED APPROX 430, HAD 30 SITE VISITS, 309 TECHNICAL ASSISTANCE CONSULTATIONS, RESPONDED TO 175 INFORMATION REQUESTS AND HAD 8 REFERRALS. THE PROJECT ALSO PRODUCED 350 BROCHURES FOR PROMISING PRACTICES CONF, 50 ADVOCACY WORKBOOKS, AND PREPARED 124 STRATEGIC PLANNING MEETING NOTES.

STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FAMILY JUSTICE CENTER TECHNICAL ASSISTANCE PROJECT PROVIDES ON-SITE TRAINING, CONSULTING, STRATEGIC PLANNING, AND ON-LINE TECHNICAL ASSISTANCE TO EXISTING FAMILY JUSTICE CENTERS CREATED IN THE PFJCI INITIATIVE & TO COMMUNITIES DEVELOPING OVW-FUNDED FJC'S. THE FJC TA PROJECT TRAINED OVER 1,200, HELD 76 DIRECTOR WORKSHOPS, CONDUCTED 6 WEBINARS FOR 672 ATTENDEES, HELD AN ANNUAL TRAINING CONFERENCE FOR OVER 350 ATTENDEES, HAD 720 TECHNICAL ASSISTANCE CONSULTATIONS, RESPONDED TO OVER 3,000 INFORMATIONAL REQUESTS, AND CONDUCTED 4 SITE VISITS.

STATEMENT 9
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FAMILY JUSTICE CENTER INSTITUTE ASSISTED MEMBER SITES IN DEVELOPING MODEL TECHNOLOGY-BASED SAFETY SERVICES TO ENHANCE DIRECT SERVICES TO DOMESTIC VIOLENCE VICTIMS/CLIENTS AT EACH CENTER INCLUDING INTAKE/CASE MANAGEMENT SOFTWARE. THE INSTITUE PROVIDES EDUCATION, TRAINING, AND ON-GOING TECHNICAL ASSISTANCE TO PROFESSIONALS, CLIENTS, AND FAMILY MEMBERS OF CLIENTS AT FJC'S THROUGH A WEB-SITE USING WEB-BASED BROADCASTS AND ON-LINE TRAININGS ON INVESTIGATION, PROSECUTION, ADVOCACY, SAFETY & SECURITY, CLINICAL ASSESSMENTS, INFORMATION SHARING, GRANT WRITING/SUSTAINABILITY, STRATEGIC PLANNING, BOARD DEVELOPMENT, AND GOVERNANCE.

STATEMENT 10
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
VARIOUS ACTIVITIES TO SUPPORT THE ORGANIZATION'S MISSION		56,465.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	$ 0.	$ 56,465.

STATEMENT 11
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO